

FIG. 1

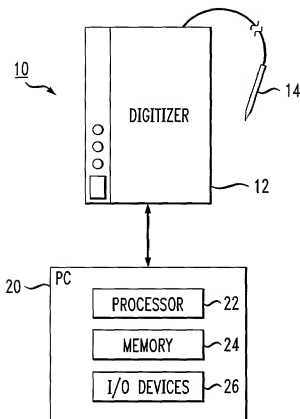
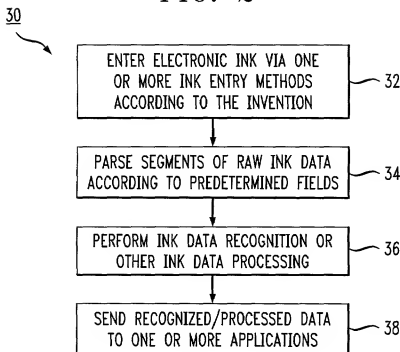


FIG. 2



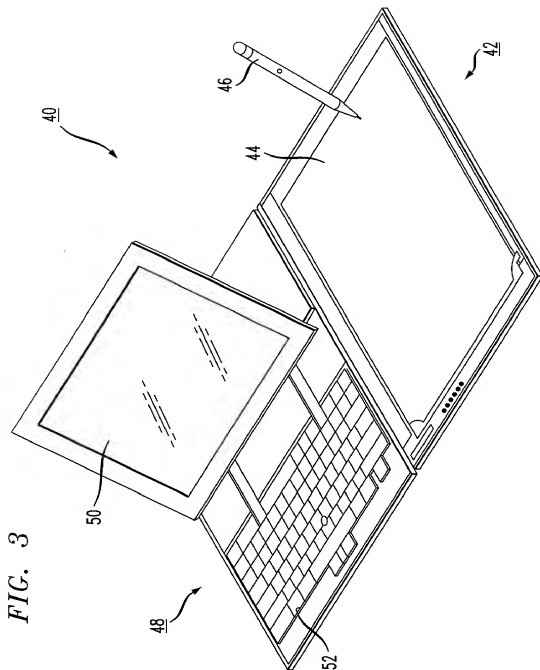


FIG. 3

FIG. 4

60

<p>Date : month day year <input type="text"/></p> <p>Start time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>End time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>Subject : _____</p> <p>Location : _____</p> <p>Other : _____</p> <p>_____</p> <p>_____</p>	<p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Start time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>End time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>Subject : _____</p> <p>Location : _____</p> <p>Other : _____</p> <p>_____</p> <p>_____</p>
<p>Date : month day year <input type="text"/></p> <p>Start time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>End time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>Subject : _____</p> <p>Location : _____</p> <p>Other : _____</p> <p>_____</p> <p>_____</p>	<p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Start time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>End time : <input type="text"/> <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>Subject : _____</p> <p>Location : _____</p> <p>Other : _____</p> <p>_____</p> <p>_____</p>

FIG. 4 is a schematic diagram of the data entry form.

FIG. 5

62

<p>Last Name : _____</p> <p>First Name : _____</p> <p>Company : _____</p> <p>Phone # : _____</p> <p>Subject : _____</p> <p>Message : _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Last Name : _____</p> <p>First Name : _____</p> <p>Company : _____</p> <p>Phone # : _____</p> <p>Subject : _____</p> <p>Message : _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Last Name : _____</p> <p>First Name : _____</p> <p>Company : _____</p> <p>Phone # : _____</p> <p>Subject : _____</p> <p>Message : _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Last Name : _____</p> <p>First Name : _____</p> <p>Company : _____</p> <p>Phone # : _____</p> <p>Subject : _____</p> <p>Message : _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

64

Due Date :

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Priority :

1

2

3

4

Todo : _____

Due Date :	month	day	year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Priority :	1	2	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Todo :	<input type="checkbox"/>		

Due Date : month day year

Priority : 1 2 3 4

☐ ☐ ☐ ☐

Todo : _____

Due Date :	month	day	year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Priority :	1	2	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Todo :	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

70

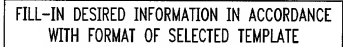
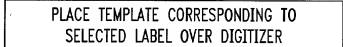
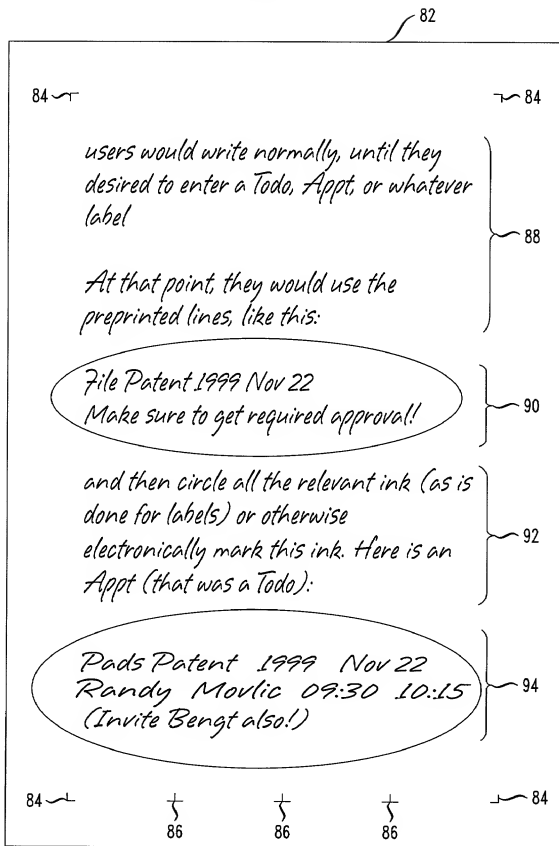


FIG. 9



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FIG. 10

100

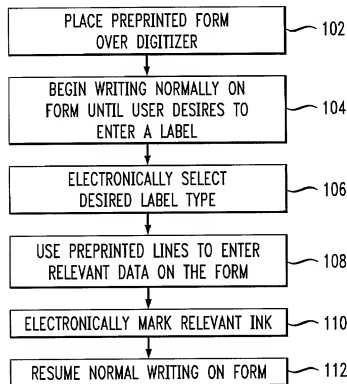


FIG. 11

120

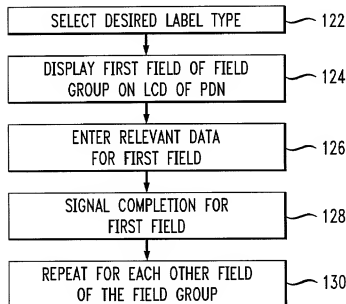


FIG. 12

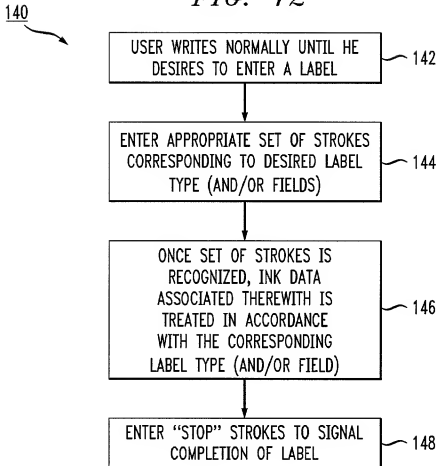


FIG. 13

